

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
WESTERN REPRESENTATION PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		1317.58
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	60330.15									
(c) Total Receipts (from Line 19)	133561.86	236236.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	193892.01	237554.18								
7. Total Disbursements (from Line 31)	110514.49	154176.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	83377.52	83377.52								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

WESTERN REPRESENTATION PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	34665.00	51285.00
(ii) Unitemized	98896.86	184916.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)	133561.86	236201.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	133561.86	236201.20
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	35.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	133561.86	236236.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	133561.86	236236.60

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	28533.29	51793.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	28533.29	51793.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	7500.00	13100.00
24. Independent Expenditure (use Schedule E)	74481.20	89283.05
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	110514.49	154176.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	110514.49	154176.66

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	133561.86	236201.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	133561.86	236201.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	28533.29	51793.61
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	35.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	28533.29	51758.21

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Allyn Ayotte		Date of Receipt
	Mailing Address 1800 Winners Cup Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Las Vegas	NV	89117
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.12831
Name of Employer retired		Occupation retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 350.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Allyn Ayotte		Date of Receipt
	Mailing Address 1800 Winners Cup Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Las Vegas	NV	89117
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.12629
Name of Employer retired		Occupation retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 450.00	<input type="text"/> 100.00

C.	Full Name (Last, First, Middle Initial) William Becker		Date of Receipt
	Mailing Address 96 George K Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Sand Lake	MI	49343
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.12919
Name of Employer Bill Becker Corp		Occupation Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 400.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
William Becker

Mailing Address 96 George K Dr.

City Sand Lake State MI Zip Code 49343

FEC ID number of contributing federal political committee. C

Name of Employer Bill Becker Corp Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2010

Transaction ID: SA11AI.12235

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Barbara Biber

Mailing Address 12 Coulthard Farms Rd

City Scarborough State ME Zip Code 04074

FEC ID number of contributing federal political committee. C

Name of Employer Spectrum Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2010

Transaction ID: SA11AI.11936

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
TOM BIRDNOW

Mailing Address 17024 ORCHARD AVE

City OMAHA State NE Zip Code 68135

FEC ID number of contributing federal political committee. C

Name of Employer PROFESSIONAL LABEL CO Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2010

Transaction ID: SA11AI.13502

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
Loren Booth

Mailing Address 30004 E American Ave

City State Zip Code
Orange Cove CA 93646

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Bootyh Ranches rancher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
09 / 29 / 2010

Transaction ID: SA11AI.11891

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Jan Bryan

Mailing Address 35 Monroe street

City State Zip Code
Shrewsbury MA 01545

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Bryan Dental Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.14230

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Joel Buttenhoff

Mailing Address 102 Jonathan Blvd N #200

City State Zip Code
Chaska MN 55318

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Owner Cornerstone Investors, LLC.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: SA11AI.15884

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) christopher carver		Date of Receipt
	Mailing Address 691 s green bay rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 02 / 2010
	City neenah	State WI	Zip Code 54956
	FEC ID number of contributing federal political committee. C <input type="text"/>		Transaction ID: SA11AI.15517
	Name of Employer ret		Occupation ret
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 225.00	Amount of Each Receipt this Period <input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) christopher carver		Date of Receipt
	Mailing Address 691 s green bay rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 03 / 2010
	City neenah	State WI	Zip Code 54956
	FEC ID number of contributing federal political committee. C <input type="text"/>		Transaction ID: SA11AI.15360
	Name of Employer ret		Occupation ret
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 275.00	Amount of Each Receipt this Period <input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) christopher carver		Date of Receipt
	Mailing Address 691 s green bay rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2010
	City neenah	State WI	Zip Code 54956
	FEC ID number of contributing federal political committee. C <input type="text"/>		Transaction ID: SA11AI.14224
	Name of Employer ret		Occupation ret
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	Amount of Each Receipt this Period <input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 175.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) christopher carver		Date of Receipt
	Mailing Address 691 s green bay rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2010
	City	State	Zip Code
	neenah	WI	54956
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12630
Name of Employer ret		Occupation ret	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) Arno Chauvel		Date of Receipt
	Mailing Address 444 Alta Vista way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 03 / 2010
	City	State	Zip Code
	Laguna Beach	CA	92651
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.15258
Name of Employer self		Occupation pharmacist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	<input type="text"/> 75.00

C.	Full Name (Last, First, Middle Initial) Ralph Clinard		Date of Receipt
	Mailing Address 3306Chartreuse Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 06 / 2010
	City	State	Zip Code
	Houston	TX	77082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14909
Name of Employer N/A		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 125.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Ralph Clinard	Date of Receipt MM / DD / YYYY 09 / 13 / 2010
	Mailing Address 3306Chartreuse Way	Transaction ID: SA11AI.14568
	City State Zip Code Houston TX 77082	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) Ralph Clinard	Date of Receipt MM / DD / YYYY 09 / 16 / 2010
	Mailing Address 3306Chartreuse Way	Transaction ID: SA11AI.14068
	City State Zip Code Houston TX 77082	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) Ralph Clinard	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 3306Chartreuse Way	Transaction ID: SA11AI.13924
	City State Zip Code Houston TX 77082	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Ralph Clinard

Mailing Address 3306Chartreuse Way

City State Zip Code
Houston TX 77082

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2010

Transaction ID: SA11AI.13193

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Ralph Clinard

Mailing Address 3306Chartreuse Way

City State Zip Code
Houston TX 77082

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2010

Transaction ID: SA11AI.12887

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Ralph Clinard

Mailing Address 3306Chartreuse Way

City State Zip Code
Houston TX 77082

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2010

Transaction ID: SA11AI.12647

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Ralph Clinard		Date of Receipt
	Mailing Address 3306Chartreuse Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 27 / 2010
	City	State	Zip Code
	Houston	TX	77082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12435
Name of Employer N/A		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 575.00	

B.	Full Name (Last, First, Middle Initial) Ralph Clinard		Date of Receipt
	Mailing Address 3306Chartreuse Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 29 / 2010
	City	State	Zip Code
	Houston	TX	77082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11919
Name of Employer N/A		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 600.00	

C.	Full Name (Last, First, Middle Initial) Kim Conant		Date of Receipt
	Mailing Address 14735 Poway Mesa Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Poway	CA	92064
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11793
Name of Employer PUSD		Occupation Ret. Teacher	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 600.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) steve coogler	Date of Receipt MM / DD / YYYY 09 / 05 / 2010
	Mailing Address 104 lady banks lane	Transaction ID: SA11AI.16312
	City greer State SC Zip Code 29650	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Makers Financial Group Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) lud corrao	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address PO#12907	Transaction ID: SA11AI.15877
	City Reno State NV Zip Code 89510	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Sharon Cumming	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 6001 Palm Trace Landings Dr.	Transaction ID: SA11AI.14705
	City Davie State FL Zip Code 33314	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Accountant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Mark Curtin		Date of Receipt
	Mailing Address 2146 W. Isabella #154		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 14 / 2010
	City	State	Zip Code
	Mesa	AZ	85202
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16183
Name of Employer Experian		Occupation Project Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00	15.00

B.	Full Name (Last, First, Middle Initial) Christian Davis		Date of Receipt
	Mailing Address 63 Hubbell Mountain		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 21 / 2010
	City	State	Zip Code
	Sherman	CT	06784
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13387
Name of Employer Foot & Ankle Specialists of Ct		Occupation Podiatrist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

C.	Full Name (Last, First, Middle Initial) michael Davis		Date of Receipt
	Mailing Address 3219 Stratford Hills Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Austin	TX	78746
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11826
Name of Employer self		Occupation sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	100.00

SUBTOTAL of Receipts This Page (optional)	365.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Steven DeCasperis

Mailing Address 99 Garyrock Road

City State Zip Code
Clinton NJ 08809

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11AI.13986

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Edward Dempsey

Mailing Address 130 Glenwood Ave. Apt 32

City State Zip Code
Yonkers NY 10703

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: SA11AI.15422

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Edward Dempsey

Mailing Address 130 Glenwood Ave. Apt 32

City State Zip Code
Yonkers NY 10703

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2010

Transaction ID: SA11AI.13753

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
Edward Dempsey
 Mailing Address 130 Glenwood Ave. Apt 32
 City State Zip Code
 Yonkers NY 10703
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 3 / 2 0 1 0
Transaction ID: SA11AI.12920
 Amount of Each Receipt this Period
 100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None Retired
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

B. Full Name (Last, First, Middle Initial)
Joseph DePaepe
 Mailing Address 2578 Forest City Drive
 City State Zip Code
 Henderson NV 89052
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 4 / 2 0 1 0
Transaction ID: SA11AI.15155
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 na Retired
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
JOHN DeWOLFE
 Mailing Address 12 Kenney Road
 City State Zip Code
 Medfield MA 02052
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 3 / 2 0 1 0
Transaction ID: SA11AI.15446
 Amount of Each Receipt this Period
 100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 na na
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
JOHN DeWOLFE

Mailing Address 12 Kenney Road

City State Zip Code
Medfield MA 02052

FEC ID number of contributing federal political committee. **C**

Name of Employer na Occupation na

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.14021

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
JOHN DeWOLFE

Mailing Address 12 Kenney Road

City State Zip Code
Medfield MA 02052

FEC ID number of contributing federal political committee. **C**

Name of Employer na Occupation na

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2010

Transaction ID: SA11AI.15861

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
James Edwards

Mailing Address 801 South Garner Street

City State Zip Code
State College PA 16801

FEC ID number of contributing federal political committee. **C**

Name of Employer Clearfield Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2010

Transaction ID: SA11AI.15538

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

250.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
James Edwards

Mailing Address 801 South Garner Street

City State Zip Code
State College PA 16801

FEC ID number of contributing federal political committee. **C**

Name of Employer Clearfield Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2010

Transaction ID: SA11AI.15108

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
arthur evans

Mailing Address 6314 e co rd 100 n.

City State Zip Code
coatesville IN 46121

FEC ID number of contributing federal political committee. **C**

Name of Employer magic circle corp Occupation ceo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11AI.14023

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Vaida Falconbridge

Mailing Address 118 Cinnabar Way

City State Zip Code
Hercules CA 94547

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation music teacher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: SA11AI.11884

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1275.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
Paul Flowers

Mailing Address 53 Foxchase Drive

City Dothan State AL Zip Code 36305

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2010

Transaction ID: SA11AI.12900

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Jane Fore

Mailing Address 2941 Dove Place

City Clarkston State WA Zip Code 99403

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 17 / 2010

Transaction ID: SA11AI.13784

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Richard Foster

Mailing Address 4020 Kinross Lakes Parkway

City Richfield State OH Zip Code 44286

FEC ID number of contributing federal political committee. **C**

Name of Employer GIE Media, Inc. Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 06 / 2010

Transaction ID: SA11AI.14959

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 525.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Daniel Frost		Date of Receipt
	Mailing Address PO Box 271		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2010
	City	State	Zip Code
	Mexia	TX	76667
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.15851
Name of Employer Frost Crushed Stone		Occupation Rock Crushing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) norman gavin		Date of Receipt
	Mailing Address 173 church st.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 23 / 2010
	City	State	Zip Code
	wallingford	CT	06492
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12956
Name of Employer retired		Occupation retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 100.00

C.	Full Name (Last, First, Middle Initial) norman gavin		Date of Receipt
	Mailing Address 173 church st.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	wallingford	CT	06492
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.15619
Name of Employer retired		Occupation retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 300.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Gloria Gill	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 767 Rocky Branch Lane	Transaction ID: SA11AI.15391
	City State Zip Code Evans GA 30809	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Club Car Occupation Editor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 325.00	

B.	Full Name (Last, First, Middle Initial) Gloria Gill	Date of Receipt MM / DD / YYYY 09 / 06 / 2010
	Mailing Address 767 Rocky Branch Lane	Transaction ID: SA11AI.14964
	City State Zip Code Evans GA 30809	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Club Car Occupation Editor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 375.00	

C.	Full Name (Last, First, Middle Initial) Gloria Gill	Date of Receipt MM / DD / YYYY 09 / 08 / 2010
	Mailing Address 767 Rocky Branch Lane	Transaction ID: SA11AI.14769
	City State Zip Code Evans GA 30809	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Club Car Occupation Editor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Gloria Gill

Mailing Address 767 Rocky Branch Lane

City State Zip Code
Evans GA 30809

FEC ID number of contributing federal political committee. **C**

Name of Employer Club Car Occupation Editor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.11875

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Richard Graf

Mailing Address 17 Bromley Tr

City State Zip Code
Flemington NJ 08822

FEC ID number of contributing federal political committee. **C**

Name of Employer Coldwell Banker Occupation Realtor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2010

Transaction ID: SA11AI.12731

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Brent Harris

Mailing Address 5804 N 160th Ave

City State Zip Code
Omaha NE 68116

FEC ID number of contributing federal political committee. **C**

Name of Employer Acorn Plumbing Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2010

Transaction ID: SA11AI.16042

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
thomas harris

Mailing Address 1528 long pond drive

City State Zip Code
valrico FL 33594

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation Retired USN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.11879

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Stephen Hart

Mailing Address 200 Sunset Ter

City State Zip Code
Cedar Park TX 78613

FEC ID number of contributing federal political committee. **C**

Name of Employer State of Texas Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.12784

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Eugene Haupt

Mailing Address 2251 Wynnewood Circle

City State Zip Code
Louisville KY 40222

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2010

Transaction ID: SA11AI.13639

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **400.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Ronald Hawley	Date of Receipt MM / DD / YYYY 09 / 05 / 2010
	Mailing Address 6301 Stevenson Ave #1313	Transaction ID: SA11AI.15090
	City State Zip Code Alexandria VA 22304	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NA Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Ronald Hawley	Date of Receipt MM / DD / YYYY 09 / 06 / 2010
	Mailing Address 6301 Stevenson Ave #1313	Transaction ID: SA11AI.14965
	City State Zip Code Alexandria VA 22304	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NA Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00	

C.	Full Name (Last, First, Middle Initial) Ronald Hawley	Date of Receipt MM / DD / YYYY 09 / 25 / 2010
	Mailing Address 6301 Stevenson Ave #1313	Transaction ID: SA11AI.12743
	City State Zip Code Alexandria VA 22304	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NA Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
steven herrick

Mailing Address 12760 dianne drive

City State Zip Code
los altos hills CA 94022

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2010

Transaction ID: SA11AI.16340

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
steven herrick

Mailing Address 12760 dianne drive

City State Zip Code
los altos hills CA 94022

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11AI.16055

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
steven herrick

Mailing Address 12760 dianne drive

City State Zip Code
los altos hills CA 94022

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.11802

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Lee Holmes		Date of Receipt MM / DD / YYYY 09 / 02 / 2010
	Mailing Address 530 W. O'Brien Dr.		Transaction ID: SA11AI.16412
	City Hagatna	State GU	Zip Code 96910
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
	Name of Employer SOUTHERN MEDIA, INC.	Occupation manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00	

B.	Full Name (Last, First, Middle Initial) Lee Holmes		Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 530 W. O'Brien Dr.		Transaction ID: SA11AI.16720
	City Hagatna	State GU	Zip Code 96910
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer SOUTHERN MEDIA, INC.	Occupation manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4000.00	

C.	Full Name (Last, First, Middle Initial) Lee Holmes		Date of Receipt MM / DD / YYYY 09 / 25 / 2010
	Mailing Address 530 W. O'Brien Dr.		Transaction ID: SA11AI.16722
	City Hagatna	State GU	Zip Code 96910
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer SOUTHERN MEDIA, INC.	Occupation manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Lee Holmes		Date of Receipt MM / DD / YYYY 09 / 25 / 2010
	Mailing Address 530 W. O'Brien Dr.		Transaction ID: SA11AI.21805
	City Hagatna	State GU	Zip Code 96910
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer SOUTHERN MEDIA, INC.	Occupation manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 6000.00	

B.	Full Name (Last, First, Middle Initial) Jane Honett		Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 345 Adams Way		Transaction ID: SA11AI.15266
	City Pleasanton	State CA	Zip Code 94566
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Valleycare Hospital	Occupation personal trainer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Heidi Hurst		Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 701 W Jackson #503		Transaction ID: SA11AI.12364
	City Chicago	State IL	Zip Code 60661
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer BP	Occupation Operations Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2100.00
TOTAL This Period (last page this line number only)	▶	

A. Form/Schedule : **SA11AI**

Reattribution request letter sent

Transaction ID : **SA11AI.21805**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Heidi Hurst

Mailing Address 701 W Jackson #503

City Chicago State IL Zip Code 60661

FEC ID number of contributing federal political committee. **C**

Name of Employer BP Occupation Operations Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 27 / 2010
Transaction ID: SA11AI.12367
 Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
R. MICHAEL JACKSON

Mailing Address 241 WESTERN HILLS DR.

City PLEASANT HILL State CA Zip Code 94523

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 03 / 2010
Transaction ID: SA11AI.15282
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Joel Johnston

Mailing Address 6543

City Zionsville State IN Zip Code 46077

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Carpenter

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 02 / 2010
Transaction ID: SA11AI.15543
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
Christopher Jones

Mailing Address 411 W. Wellons St.

City State Zip Code
Smithfield NC 27577

FEC ID number of contributing federal political committee. **C**

Name of Employer Stallings Insurance Occupation insurance agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11AI.12476

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
James Kilpatrick

Mailing Address 3801 Manchaca # 56

City State Zip Code
Austin TX 78704

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11AI.12100

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
tom lammers

Mailing Address 76312 hammerly

City State Zip Code
houston TX 77055

FEC ID number of contributing federal political committee. **C**

Name of Employer noneoftheirbusiness Occupation contractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: SA11AI.15328

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **325.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Mariette Landwehr

Mailing Address 201 W. Lakeshore Dr.

City State Zip Code
Carriere MS 39426

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11AI.13878

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Mariette Landwehr

Mailing Address 201 W. Lakeshore Dr.

City State Zip Code
Carriere MS 39426

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: SA11AI.13135

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Joe LaPilusa

Mailing Address P.O.Box 2046

City State Zip Code
Grapevine TX 76099

FEC ID number of contributing federal political committee. **C**

Name of Employer Bayer Healthcare Occupation Regional Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 13 / 2010

Transaction ID: SA11AI.14575

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Joe LaPilusa

Mailing Address P.O.Box 2046

City State Zip Code
Grapevine TX 76099

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bayer Healthcare Regional Sales Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: SA11AI.13513

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Joe LaPilusa

Mailing Address P.O.Box 2046

City State Zip Code
Grapevine TX 76099

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bayer Healthcare Regional Sales Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: SA11AI.13134

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Wayne Lindholm

Mailing Address 25 Vista Montemar

City State Zip Code
Laguna Niguel CA 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
na na

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: SA11AI.16261

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 450.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
Roberta Long

Mailing Address 505 Blue Spruce Road

City State Zip Code
Reno NV 89511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WCSD Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11AI.12396

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Joyce Luchtman

Mailing Address 3754 Kentford Road

City State Zip Code
Fort Collins CO 80525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Maarsingh intervivos trusts Trustee Maarsingh Trusts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: SA11AI.15298

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Keith MacKenzie

Mailing Address 6153 Ceres St.

City State Zip Code
Englewood FL 34224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2010

Transaction ID: SA11AI.12700

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
Mary Matthews
 Mailing Address 4876 Patrick Rd
 City Winnsboro State SC Zip Code 29180
 Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.15433
 Amount of Each Receipt this Period 100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Montgomery & Yarbrough, CPA's Occupation CPA
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 950.00

B. Full Name (Last, First, Middle Initial)
Mary Matthews
 Mailing Address 4876 Patrick Rd
 City Winnsboro State SC Zip Code 29180
 Date of Receipt 09 / 09 / 2010
Transaction ID: SA11AI.14708
 Amount of Each Receipt this Period 100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Montgomery & Yarbrough, CPA's Occupation CPA
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1050.00

C. Full Name (Last, First, Middle Initial)
Mary Matthews
 Mailing Address 4876 Patrick Rd
 City Winnsboro State SC Zip Code 29180
 Date of Receipt 09 / 09 / 2010
Transaction ID: SA11AI.16234
 Amount of Each Receipt this Period 100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Montgomery & Yarbrough, CPA's Occupation CPA
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1150.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
Mary Matthews
 Mailing Address 4876 Patrick Rd
 City Winnsboro State SC Zip Code 29180
 Date of Receipt MM / DD / YYYY 09 / 13 / 2010
Transaction ID: SA11AI.14599
 Amount of Each Receipt this Period 100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Montgomery & Yarbrough, CPA's Occupation CPA
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1250.00

B. Full Name (Last, First, Middle Initial)
Mary Matthews
 Mailing Address 4876 Patrick Rd
 City Winnsboro State SC Zip Code 29180
 Date of Receipt MM / DD / YYYY 09 / 16 / 2010
Transaction ID: SA11AI.14092
 Amount of Each Receipt this Period 100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Montgomery & Yarbrough, CPA's Occupation CPA
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1350.00

C. Full Name (Last, First, Middle Initial)
Mary Matthews
 Mailing Address 4876 Patrick Rd
 City Winnsboro State SC Zip Code 29180
 Date of Receipt MM / DD / YYYY 09 / 20 / 2010
Transaction ID: SA11AI.13617
 Amount of Each Receipt this Period 100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Montgomery & Yarbrough, CPA's Occupation CPA
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1450.00

SUBTOTAL of Receipts This Page (optional) **300.00**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Mary Matthews		Date of Receipt	
	Mailing Address 4876 Patrick Rd		M M / D D / Y Y Y Y Y 09 / 21 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.13331
	Winnsboro	SC	29180	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Montgomery & Yarbrough, CPA's		Occupation CPA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1700.00		

B.	Full Name (Last, First, Middle Initial) robert mayfield		Date of Receipt	
	Mailing Address 11309 pickfair		M M / D D / Y Y Y Y Y 09 / 02 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.15515
	austin	TX	78750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer self		Occupation DQ		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) robert mayfield		Date of Receipt	
	Mailing Address 11309 pickfair		M M / D D / Y Y Y Y Y 09 / 05 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.15057
	austin	TX	78750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer self		Occupation DQ		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

robert mayfield

Mailing Address 11309 pickfair

City State Zip Code
austin TX 78750

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation DQ

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: SA11AI.14415

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

William McDowell

Mailing Address 23 Burton St

City State Zip Code
Cazenovia NY 13035

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 07 / 2010

Transaction ID: SA11AI.14825

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

David McMahan

Mailing Address 500 west putnam ave

City State Zip Code
Greenwich NY 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Finance

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: SA11AI.12458

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ▶

700.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 90		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) John McNiff		Date of Receipt
	Mailing Address 11642 Lost Tree Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 01 / 2010
	City	State	Zip Code
	North Palm Beach	FL	33408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.15579
Name of Employer N/A		Occupation N/A	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Joseph Melillo		Date of Receipt
	Mailing Address 1 Ringos Mill Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 17 / 2010
	City	State	Zip Code
	Hopewell	NJ	08525
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13965
Name of Employer self employed		Occupation businessman	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) judith mershon		Date of Receipt
	Mailing Address 2821 Colorado #6		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 04 / 2010
	City	State	Zip Code
	Santa Monica	CA	90404
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.15130
Name of Employer n/a		Occupation medical transcriptionist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial) Jon Messinger		Date of Receipt MM / DD / YYYY 09 / 29 / 2010
Mailing Address 216 Rolling Meadows Blvd N		Transaction ID: SA11AI.11947
City Ocean	State NJ	Zip Code 07712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Messinger Trucking & Warehouse	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Radu Mihail		Date of Receipt MM / DD / YYYY 09 / 21 / 2010
Mailing Address 166 Barger St		Transaction ID: SA11AI.13322
City Putnam Valley	State NY	Zip Code 10579
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mid-Hudson Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Radu Mihail		Date of Receipt MM / DD / YYYY 09 / 21 / 2010
Mailing Address 166 Barger St		Transaction ID: SA11AI.13356
City Putnam Valley	State NY	Zip Code 10579
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mid-Hudson Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
Albert Minoofar

Mailing Address 8 Carmel Woods

City Laguna Niguel State CA Zip Code 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer na Occupation na

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 03 / 2010
Transaction ID: SA11AI.16398
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
vincent mogas

Mailing Address 27 Knipp Road

City Houston State TX Zip Code 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Mogas Industries, Inc. Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 04 / 2010
Transaction ID: SA11AI.15147
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
vincent mogas

Mailing Address 27 Knipp Road

City Houston State TX Zip Code 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Mogas Industries, Inc. Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 14 / 2010
Transaction ID: SA11AI.14403
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
vincent mogas

Mailing Address 27 Knipp Road

City State Zip Code
Houston TX 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Mogas Industries, Inc. Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2010

Transaction ID: SA11AI.14081

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Bill Montagne

Mailing Address P.O. Box 2842

City State Zip Code
Palmer AK 99645

FEC ID number of contributing federal political committee. **C**

Name of Employer na Occupation na

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2010

Transaction ID: SA11AI.16347

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Charles Neumann

Mailing Address 425 Shinava Drive

City State Zip Code
Ivins UT 84738

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2010

Transaction ID: SA11AI.14053

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Charles Neumann

Mailing Address 425 Shinava Drive

City State Zip Code
Ivins UT 84738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11AI.12421

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Richard Nicolai Jr

Mailing Address 223 Beaumont Drive

City State Zip Code
Vista CA 92084

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: SA11AI.13085

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Marilyn Nielson

Mailing Address P.O. Box 3384

City State Zip Code
Torrance CA 90510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: SA11AI.12512

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Jeff Olds

Mailing Address 18658 Walnut Drive

City State Zip Code
Flint TX 75762

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cates Control Systems Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: SA11AI.13391

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Walter Owen

Mailing Address 7106 Foxbernie Circle

City State Zip Code
Mechanicsville VA 23111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2010

Transaction ID: SA11AI.12568

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Carmelo Panlasigui

Mailing Address 3135 Belvedere Drive

City State Zip Code
Henderson NV 89014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CBS Television Network Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11AI.14123

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
James Perry

Mailing Address 206 SE 10th Terr

City Ft.Lauderdale State FL Zip Code 33301

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation retired neurologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 18 / 2010
Transaction ID: SA11AI.13756
Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Sandra Peterson

Mailing Address 2240 La Sierra Way

City Claremont State CA Zip Code 91711

FEC ID number of contributing federal political committee. **C**

Name of Employer na Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2010
Transaction ID: SA11AI.15703
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Janice Pinkston

Mailing Address 20 Tamalpais Ave

City Belvedere State CA Zip Code 94920

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 28 / 2010
Transaction ID: SA11AI.12049
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Cynthia Potter

Mailing Address 600 S. Price Rd

City State Zip Code
St. Louis MO 63124

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation MOM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.15373

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Lynda Puccinelli

Mailing Address 679 Middle rincon Rd

City State Zip Code
Santa Rosa CA 95409

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

Transaction ID: SA11AI.13846

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Karen Riley

Mailing Address 2623 S. 96 Circle

City State Zip Code
Omaha NE 68124

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	1	0

Transaction ID: SA11AI.12132

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **475.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
David Rogan

Mailing Address 3202 NW 87th LN

City Ankeny State IA Zip Code 50023

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Medical Center-North Iowa Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 06 / 2010
Transaction ID: SA11AI.14898
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
John Rose

Mailing Address 7261 Gold Creek Way

City San Jose State CA Zip Code 95120

FEC ID number of contributing federal political committee. **C**

Name of Employer Oracle Occupation engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.13849
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Arnon Rosenthal

Mailing Address 150 Normandy lane

City Woodside State CA Zip Code 94062

FEC ID number of contributing federal political committee. **C**

Name of Employer mazoRx Occupation scientist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2010
Transaction ID: SA11AI.13694
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Arnon Rosenthal		Date of Receipt
	Mailing Address 150 Normandy lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Woodside	CA	94062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12514
Name of Employer mazoRx		Occupation scientist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1000.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) John Ross		Date of Receipt
	Mailing Address P.O. Box 18718		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Reno	NV	89511
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.15027
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 700.00	<input type="text"/> 100.00

C.	Full Name (Last, First, Middle Initial) Lisa Sanzone		Date of Receipt
	Mailing Address 137 Boulevard		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Mountain Lakes	NJ	07046
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14619
Name of Employer NA		Occupation NA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 850.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Geral Sartwell

Mailing Address 4313 Baywood way

City State Zip Code
Sacramento CA 95864

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11AI.12409

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Margaret Savercool

Mailing Address 6375 Pebble Creek Drive

City State Zip Code
Independence OH 44131

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11AI.12506

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Robert Schmucker

Mailing Address 116 Deer Track Court

City State Zip Code
Warner Robins GA 31088

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11AI.13959

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
Robert Schmucker

Mailing Address 116 Deer Track Court

City Warner Robins State GA Zip Code 31088

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 23 / 2010
Transaction ID: SA11AI.12925
 Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Frank Schnorbus

Mailing Address 1227 Melborn Way

City Minden State NV Zip Code 89423

FEC ID number of contributing federal political committee. **C**

Name of Employer Southwest Gas Corp Occupation Gas Utility specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.15235
 Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
gary snow

Mailing Address 35 vine st.

City foxboro State MA Zip Code 02035

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation merc hant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 23 / 2010
Transaction ID: SA11AI.12952
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 550.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Don Stormont

Mailing Address 20 N Carriage Dr

City State Zip Code
Saint Joseph MO 64506

FEC ID number of contributing federal political committee. **C**

Name of Employer self
Occupation Environmental Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: SA11AI.11692

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Richard Sungaila

Mailing Address 1827 Port Stanhope Pl

City State Zip Code
Newport Beach CA 92660

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Real Estate & Property Managmnt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11AI.11974

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
edward thurman

Mailing Address 9218 Metcalf Ave.#204

City State Zip Code
Overland Park KS 66212

FEC ID number of contributing federal political committee. **C**

Name of Employer MERIT GROUP
Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: SA11AI.14454

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Jane Till		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 2563 Willowbrook Circle		Transaction ID: SA11AI.13564		
	City Birmingham	State AL	Zip Code 35242	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NA	Occupation NA	Aggregate Year-to-Date 750.00		

B.	Full Name (Last, First, Middle Initial) Jane Till		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 2563 Willowbrook Circle		Transaction ID: SA11AI.11831		
	City Birmingham	State AL	Zip Code 35242	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NA	Occupation NA	Aggregate Year-to-Date 1000.00		

C.	Full Name (Last, First, Middle Initial) Lucia Uihlein		Date of Receipt MM / DD / YYYY 09 / 06 / 2010		
	Mailing Address 715 Lands End Drive		Transaction ID: SA11AI.14934		
	City Longboat Key	State FL	Zip Code 34228	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NA	Occupation homemaker	Aggregate Year-to-Date 600.00		

SUBTOTAL of Receipts This Page (optional)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial)
Lucia Uihlein

Mailing Address 715 Lands End Drive

City State Zip Code
Longboat Key FL 34228

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: SA11AI.14702

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Lucia Uihlein

Mailing Address 715 Lands End Drive

City State Zip Code
Longboat Key FL 34228

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: SA11AI.14658

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Lucia Uihlein

Mailing Address 715 Lands End Drive

City State Zip Code
Longboat Key FL 34228

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: SA11AI.13609

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Lucia Uihlein

Mailing Address 715 Lands End Drive

City State Zip Code
Longboat Key FL 34228

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: SA11AI.13259

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Lucia Uihlein

Mailing Address 715 Lands End Drive

City State Zip Code
Longboat Key FL 34228

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2010

Transaction ID: SA11AI.12688

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Jerome Ungs

Mailing Address 685 Weathersfield Dr.

City State Zip Code
Dunedin FL 34698

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2010

Transaction ID: SA11AI.13747

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Jerome Ungs		Date of Receipt
	Mailing Address 685 Weathersfield Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Dunedin	FL	34698
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12725
Name of Employer n/a		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 400.00	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) Rebecca Voigt		Date of Receipt
	Mailing Address 8203 Strathmore Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Roanoke	VA	24019
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13274
Name of Employer NA		Occupation NA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Howard Weiss		Date of Receipt
	Mailing Address 8355 Lakeside Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Reno	NV	89511
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12593
Name of Employer NA		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
Clare Wentworth

Mailing Address 4113 Santa Fe Trail

City Dryden State MI Zip Code 48428

FEC ID number of contributing federal political committee. **C**

Name of Employer Thor Industries Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2010

Transaction ID: SA11AI.12563

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
bradley willis

Mailing Address 100 malibu canyon

City georgetown State KY Zip Code 40324

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 27 / 2010

Transaction ID: SA11AI.12475

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Carol Wilson

Mailing Address 2197 Sutter View Lane

City Lincoln State CA Zip Code 95648

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 20 / 2010

Transaction ID: SA11AI.13439

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 650.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) barbara Wright	Date of Receipt MM / DD / YYYY 09 / 16 / 2010
	Mailing Address 108 W. Ridge	Transaction ID: SA11AI.14095
	City Marquette State MI Zip Code 49855	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation electrician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	

B.	Full Name (Last, First, Middle Initial) Dean Zarras	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 12 Old Logging Rd.	Transaction ID: SA11AI.12305
	City Bedford State NY Zip Code 10506	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SESCO Enterprises, LLC Occupation CTO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Bernard Zimmer	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 100 Seaview Avenue	Transaction ID: SA11AI.12366
	City Norwalk State CT Zip Code 06855	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NA Occupation NA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	34665.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Blue Swarm LLC</p> <p>Mailing Address 70 Broadway</p> <p>City Westford State MA Zip Code 01886</p> <p>Purpose of Disbursement Web donation service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.15588</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1863.84"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Blue Swarm LLC</p> <p>Mailing Address 70 Broadway</p> <p>City Westford State MA Zip Code 01886</p> <p>Purpose of Disbursement web donation service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11555</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2604.44"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Blvd</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Airline ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11484</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="209.70"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 1601 South California Avenue</p> <p>City Palo Alto State CA Zip Code 94304</p> <p>Purpose of Disbursement Facebook ad</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11488</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="586.81"/></p> <p>Category/Type: <input type="text" value="004"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 1601 South California Avenue</p> <p>City Palo Alto State CA Zip Code 94304</p> <p>Purpose of Disbursement Facebook ad</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11500</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="99.84"/></p> <p>Category/Type: <input type="text" value="004"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 1601 South California Avenue</p> <p>City Palo Alto State CA Zip Code 94304</p> <p>Purpose of Disbursement Facebook ad</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11508</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> <p>Category/Type: <input type="text" value="004"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="936.65"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Facebook Mailing Address 1601 South California Avenue City Palo Alto State CA Zip Code 94304 Purpose of Disbursement Facebook ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.11512 Date of Disbursement 09 / 22 / 2010 Amount of Each Disbursement this Period 234.58 004 Category/Type
B.	Full Name (Last, First, Middle Initial) Innovative Networks Inc Mailing Address 1811 Newman Pl City Carson City State NV Zip Code 89703 Purpose of Disbursement Computer workstation and software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.11498 Date of Disbursement 09 / 14 / 2010 Amount of Each Disbursement this Period 1724.00 001 Category/Type
C.	Full Name (Last, First, Middle Initial) PayPal Mailing Address 2211 N. First Street City San Jose State CA Zip Code 95131 Purpose of Disbursement Web donation service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.15589 Date of Disbursement 09 / 30 / 2010 Amount of Each Disbursement this Period 755.16 003 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

2713.74

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Priceline.com</p> <p>Mailing Address 800 Connecticut Avenue</p> <p>City Norwalk State CT Zip Code 06854</p> <p>Purpose of Disbursement Hotel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11486</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="349.04"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sheraton Hotels</p> <p>Mailing Address 1111 Westchester Avenue</p> <p>City White Plains State NY Zip Code 10604</p> <p>Purpose of Disbursement Hotel room</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11491</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="323.68"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sheraton Hotels</p> <p>Mailing Address 1111 Westchester Avenue</p> <p>City White Plains State NY Zip Code 10604</p> <p>Purpose of Disbursement Hotel room</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11493</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="323.68"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address P.O. Box 36647 - 1CR</p> <p>City Dallas State TX Zip Code 75235</p> <p>Purpose of Disbursement Airline ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11475</p> <p>Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 353.40</p> <p>002 Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address P.O. Box 36647 - 1CR</p> <p>City Dallas State TX Zip Code 75235</p> <p>Purpose of Disbursement Airline ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11496</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 176.70</p> <p>002 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address P.O. Box 36647 - 1CR</p> <p>City Dallas State TX Zip Code 75235</p> <p>Purpose of Disbursement Airline ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11503</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 279.70</p> <p>002 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

809.80

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B.11504 Date of Disbursement
	Mailing Address P.O. Box 36647 - 1CR	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline ticket	<input type="text" value="286.70"/>
	Candidate Name	<input type="text" value="002"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B.11509 Date of Disbursement
	Mailing Address P.O. Box 36647 - 1CR	<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline ticket	<input type="text" value="556.80"/>
	Candidate Name	<input type="text" value="002"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B.11517 Date of Disbursement
	Mailing Address P.O. Box 36647 - 1CR	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline ticket	<input type="text" value="225.40"/>
	Candidate Name	<input type="text" value="002"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1068.90"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

<p>A. Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address P.O. Box 36647 - 1CR</p> <p>City Dallas State TX Zip Code 75235</p> <p>Purpose of Disbursement Airline ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11525</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="176.70"/></p>
<p>B. Full Name (Last, First, Middle Initial) Dustin Stockton</p> <p>Mailing Address 5549 Knoll View Way</p> <p>City Sparks State NV Zip Code 89436</p> <p>Purpose of Disbursement Travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11494</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3167.65"/></p>
<p>C. Full Name (Last, First, Middle Initial) Dustin Stockton</p> <p>Mailing Address 5549 Knoll View Way</p> <p>City Sparks State NV Zip Code 89436</p> <p>Purpose of Disbursement Travel Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11520</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

<p>A. Full Name (Last, First, Middle Initial) Tristate Odyssey</p> <p>Mailing Address 1817 N Stewart St</p> <p>City Carson City State NV Zip Code 89706</p> <p>Purpose of Disbursement staffing services Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11781 Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1164.34</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Tristate Odyssey</p> <p>Mailing Address 1817 N Stewart St</p> <p>City Carson City State NV Zip Code 89706</p> <p>Purpose of Disbursement Staffing services Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11505 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2910.85</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Tristate Odyssey</p> <p>Mailing Address 1817 N Stewart St</p> <p>City Carson City State NV Zip Code 89706</p> <p>Purpose of Disbursement Staffing services Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11507 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 3493.02</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7568.21

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

<p>A. Full Name (Last, First, Middle Initial) Tristate Odyssey</p> <p>Mailing Address 1817 N Stewart St</p> <p>City Carson City State NV Zip Code 89706</p> <p>Purpose of Disbursement Staffing services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11522</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3493.02"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>B. Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address PO Box 66100</p> <p>City Chicago State IL Zip Code 60666</p> <p>Purpose of Disbursement Airline ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11489</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="270.40"/></p> <p>Category/Type: <input type="text" value="002"/></p>
<p>C. Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address PO Box 66100</p> <p>City Chicago State IL Zip Code 60666</p> <p>Purpose of Disbursement Airline ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11497</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="243.40"/></p> <p>Category/Type: <input type="text" value="002"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
United States Post Office

Mailing Address 1111 So. Roop Street

City State Zip Code
Carson City NV 89701

Purpose of Disbursement
mailbox rental

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB21B.11495

Date of Disbursement

09 / 13 / 2010

Amount of Each Disbursement this Period

140.00

SUBTOTAL of Disbursements This Page (optional)

140.00

TOTAL This Period (last page this line number only)

27762.85

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
WESTERN REPRESENTATION PAC

<p>A. Full Name (Last, First, Middle Initial) JOHN DENNIS</p> <p>Mailing Address 1592 UNION STREET</p> <p>City SAN FRANCISCO State CA Zip Code 94123</p> <p>Purpose of Disbursement Contribution Candidate Name JOHN DENNIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11479 Date of Disbursement 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 4500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) JOE HECK</p> <p>Mailing Address PO BOX 750114</p> <p>City LAS VEGAS State NV Zip Code 89136</p> <p>Purpose of Disbursement contribution Candidate Name JOE HECK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11528 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) MARTIN A LAMB</p> <p>Mailing Address 57 WINGATE ROAD</p> <p>City HOLLISTON State MA Zip Code 01746</p> <p>Purpose of Disbursement contribution Candidate Name MARTIN A LAMB</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.11527 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

TOTAL This Period (last page this line number only) ▶

7500.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
99.1 FM Talk

Mailing Address
1960 Idaho St

City State Zip Code
Carson City NV 89701

Purpose of Expenditure
Support radio ad for Sharron Angle for US Senate

Category/Type **004**

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought **24012.00**

Date
MM / DD / YYYY
09 / 07 / 2010

Amount
2280.00

Transaction ID: SE.8646

Office Sought: House State: NV
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
99.1 FM Talk

Mailing Address
1960 Idaho St

City State Zip Code
Carson City NV 89701

Purpose of Expenditure
Radio ad

Category/Type **004**

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought **48801.61**

Date
MM / DD / YYYY
09 / 24 / 2010

Amount
0.00

Transaction ID: SE.11447

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	2280.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton
Signature

Date **04 / 18 / 2010**

B. Form/Schedule : **SE**
Transaction ID : **SE.11447**

Amount of \$1000 originally reported on Form 3X was a duplicate entry and was included in the reported expenditure of \$2280.00 on 9/7/2010 and on Form 24 filed 9/7/2010 (FEC-491724) The billing by the vendor was divided with one invoice for \$1280.00 and one invoice for \$1000.00. I inadvertently entered part of the expenditure a second time on Form 3X.

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
AM 1200 WXKS

Mailing Address
10 Cabot Road
Suite 302

City Medford	State MA	Zip Code 02155
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Purpose of Expenditure Radio ad	Category/ Type 004
------------------------------------	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
MARTIN A LAMB

Calendar Year-To-Date Per Election for Office Sought	1560.00
---	---------

Date
M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Amount
475.00

Transaction ID: SE.11410

Office Sought: House State: MA
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
AM 580 WTAG

Mailing Address
96 Stereo Lane

City Paxton	State MA	Zip Code 01612
----------------	-------------	-------------------

Purpose of Expenditure Radio ad	Category/ Type 004
------------------------------------	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
MARTIN A LAMB

Calendar Year-To-Date Per Election for Office Sought	1085.00
---	---------

Date
M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Amount
525.00

Transaction ID: SE.11408

Office Sought: House State: MA
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
AM 830 WCRN

Mailing Address
82 Franklin Street

City Worcester State MA Zip Code 01608

Purpose of Expenditure Radio Ad Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:
MARTIN A LAMB

Calendar Year-To-Date Per Election for Office Sought 560.00

Date 09 / 13 / 2010

Amount 560.00

Transaction ID: SE.11405

Office Sought: House State: MA
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Anchorage Media Group

Mailing Address
301 Arctic Slope Ave
Suite 200

City Anchorage State AK Zip Code 99518

Purpose of Expenditure radio ad Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:
JOSEPH W MILLER

Calendar Year-To-Date Per Election for Office Sought 4495.81

Date 09 / 29 / 2010

Amount 1683.00

Transaction ID: SE.11464

Office Sought: House State: AK
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures 2243.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton
Signature

Date 04 / 18 / 2010

A. Form/Schedule : **SE**
Transaction ID : **SE.11405**

Incorrectly entered with a date of 5/14/2010 on original Form 3X. Reported on Form 24 on 5/13/2010 with the correct date.

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Beasley Broadcast Group

Date
M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Mailing Address
1455 East Tropicana, Suite 800

Amount
2100.00

City State Zip Code
Las Vegas NV 89119

Transaction ID: SE.8645

Purpose of Expenditure
Support radio ad for Sharron Angle for US Senate

Category/Type
004

Office Sought: House State: NV
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
21732.00

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
CBS Radio - NEWSRADIO 840 KXNT

Date
M M / D D / Y Y Y Y
0 9 / 0 2 / 2 0 1 0

Mailing Address
6655 W. Sahara Ave. Suite D-110

Amount
2000.00

City State Zip Code
Las Vegas NV 89146

Transaction ID: SE.8667

Purpose of Expenditure
Banner ad on KXNT website

Category/Type
004

Office Sought: House State: NV
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
12975.00

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	4100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton
Signature

Date
M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
CBS Radio - NEWSRADIO 840 KXNT

Mailing Address
6655 W. Sahara Ave. Suite D-110

City State Zip Code
Las Vegas NV 89146

Purpose of Expenditure
Support radio ad for Sharron Angle for US Senate

Category/Type **004**

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought **29112.00**

Date
MM / DD / YYYY
09 / 07 / 2010

Amount
5100.00

Transaction ID: SE.8649

Office Sought: House State: NV
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
CBS Radio - NEWSRADIO 840 KXNT

Mailing Address
6655 W. Sahara Ave. Suite D-110

City State Zip Code
Las Vegas NV 89146

Purpose of Expenditure
radio ad

Category/Type **004**

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought **29112.00**

Date
MM / DD / YYYY
09 / 13 / 2010

Amount
0.00

Transaction ID: SE.11782

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	5100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton
Signature

Date **04 / 18 / 2010**

B. Form/Schedule : **SE**
Transaction ID : **SE.11782**

Amount of \$2600 originally reported on Form 3X was a duplicate entry and was included in the reported expenditure of \$5100.00 on 9/7/2010 and on Form 24 filed 9/7/2010 (FEC-491724) The billing by the vendor was divided with one invoice for \$2500.00 and one invoice for \$2600.00. I inadvertently entered part of the expenditure a second time on Form 3X.

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER ▼ C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
CBS Radio - NEWSRADIO 840 KXNT

Date
MM / DD / YYYY
09 / 14 / 2010

Mailing Address
6655 W. Sahara Ave. Suite D-110

Amount
1800.00

City State Zip Code
Las Vegas NV 89146

Transaction ID: SE.11416
Office Sought: House State: NV
 Senate District: 00
 Presidential

Purpose of Expenditure
Radio ad

Category/
Type 004

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Disbursement For: Primary General
 Other (specify) : _____
2010

Calendar Year-To-Date Per Election
for Office Sought 30912.00

Full Name (Last, First, Middle, Initial) of Payee
CBS Radio - NEWSRADIO 840 KXNT

Date
MM / DD / YYYY
09 / 23 / 2010

Mailing Address
6655 W. Sahara Ave. Suite D-110

Amount
1800.00

City State Zip Code
Las Vegas NV 89146

Transaction ID: SE.11443
Office Sought: House State: NV
 Senate District: 00
 Presidential

Purpose of Expenditure
Radio ad supporting
Sharron Angle

Category/
Type 004

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Disbursement For: Primary General
 Other (specify) : _____
2010

Calendar Year-To-Date Per Election
for Office Sought 46801.61

(a) SUBTOTAL of Itemized Independent Expenditures	3600.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton
Signature

Date MM / DD / YYYY
04 / 18 / 2010

B. Form/Schedule : **SE**
Transaction ID : **SE.11443**

The expenditure was dated 9/21/2010 on Form 3X by error. The expenditure was reported on Form 24 with a date of 9/23/2010 which was the correct date of the expenditure and filed 9/25/2010 FEC filing number FEC-495574. The error was due to receiving a pre charge notice from the vendor on 9/21/2010 and the date of the actual expenditure was recorded on Form 24 correctly as 9/23/2010.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
CBS Radio - NEWSRADIO 840 KXNT

Date
M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 1 0

Mailing Address
6655 W. Sahara Ave. Suite D-110

Amount
1800.00

City State Zip Code
Las Vegas NV 89146

Transaction ID: SE.11442

Purpose of Expenditure
Radio ad supporting Sharron Angle

Category/Type
004

Office Sought: House State: NV
 Senate District: 00
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
51401.61

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Citadel Broadcasting

Date
M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 1 0

Mailing Address
595 East Plumb Lane

Amount
3865.00

City State Zip Code
Reno NV 89502

Transaction ID: SE.8643

Purpose of Expenditure
Support radio ad for Sharron Angle for US Senate

Category/Type
004

Office Sought: House State: NV
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
17340.00

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	5665.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 0

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Dionysus Consulting LLC

Mailing Address
645 Alwick Ave

City West Islip	State NY	Zip Code 11795
--------------------	-------------	-------------------

Purpose of Expenditure support email, Sharron Angle	Category/Type 004
--	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought	38912.00
--	----------

Date
MM / DD / YYYY
09 / 21 / 2010

Amount
7000.00

Transaction ID: SE.11426

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Intermarkets Inc

Mailing Address
11911 Freedom Dr Suite 1140

City Reston	State VA	Zip Code 20190
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Purpose of Expenditure Banner ad, support of Sharron Angle	Category/Type 004
---	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought	31912.00
--	----------

Date
MM / DD / YYYY
09 / 16 / 2010

Amount
1000.00

Transaction ID: SE.11430

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	8000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton
Signature

Date MM / DD / YYYY
04 / 18 / 2010

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Intermarkets Inc

Date
M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Mailing Address
11911 Freedom Dr Suite 1140

Amount
2000.00

City State Zip Code
Reston VA 20190

Transaction ID: SE.11446

Purpose of Expenditure Category/Type
Banner ad 004

Office Sought: House State: NV
 Senate District: 00
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
48801.61

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
KJNO Radio

Date
M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Mailing Address
3161 Channel Dr

Amount
1614.38

City State Zip Code
Juneau AK 99801

Transaction ID: SE.11466

Purpose of Expenditure Category/Type
Radio ad 004

Office Sought: House State: AK
 Senate District: 00
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
JOSEPH W MILLER

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2812.81

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	3614.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 0

A. Form/Schedule : **SE**
Transaction ID : **SE.11446**

Incorrectly entered with date of 9/23 on Form 3X and 9/24 on 48 hour notice. Expenditure was for ad that ran from 9/23/2010-9/24/2010

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
KTKN Radio

Mailing Address
526 Stedman Street

City State Zip Code
Ketchikan AK 99901

Purpose of Expenditure Category/Type
Radio ad 004

Name of Federal Candidate supported or Opposed by expenditure:
JOSEPH W MILLER

Calendar Year-To-Date Per Election for Office Sought 6353.41

Date
09 / 29 / 2010

Amount
1857.60

Transaction ID: SE.11467

Office Sought: House State: AK
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Paramount Communications Group

Mailing Address
525-K East Market St #114

City State Zip Code
Leesburg VA 20176

Purpose of Expenditure Category/Type
Support emails 003

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought 45001.61

Date
09 / 21 / 2010

Amount
1089.61

Transaction ID: SE.11456

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	2947.21
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton
Signature

Date 04 / 18 / 2010

B. Form/Schedule : **SE**
Transaction ID : **SE.11456**

The expenditure was reported on Form 24 filed 9/29/2010, FEC filing number FEC-495574 dated 9/28/2010 when the expenditure was processed although it was initially entered into the system on 9/21/2010 when the invoice arrived which was the date reflected on Form 3X.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Paramount Communications Group

Date
M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 1 0

Mailing Address
525-K East Market St #114

Amount
241.18

City State Zip Code
Leesburg VA 20176

Transaction ID: SE.11458

Purpose of Expenditure
Support email

Category/
Type 003

Office Sought: House State: MA
 Senate District: 04
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
BARNEY FRANK

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 241.18

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Paramount Communications Group

Date
M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 1 0

Mailing Address
525-K East Market St #114

Amount
610.43

City State Zip Code
Leesburg VA 20176

Transaction ID: SE.11459

Purpose of Expenditure
Support emails

Category/
Type 003

Office Sought: House State: AK
 Senate District: 00
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
JOSEPH W MILLER

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 610.43

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	851.61
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 0

A. Form/Schedule : **SE**
Transaction ID : **SE.11458**

The expenditure was reported on Form 24 filed 9/29/2010, FEC filing number FEC-495574 dated 9/28/2010 when the expenditure was processed although it was initially entered into the system on 9/21/2010 when the invoice arrived which was the date reflected on Form 3X. Clerical error in the original filing reported this expenditure in support of Barney Frank and has been changed in the amended report to show opposes Barney Frank.

B. Form/Schedule : **SE**
Transaction ID : **SE.11459**

The expenditure was reported on Form 24 filed 9/29/2010, FEC filing number FEC-495574 dated 9/28/2010 when the expenditure was processed although it was initially entered into the system on 9/21/2010 when the invoice arrived which was the date reflected on Form 3X.

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Project Americans Coming Together

Mailing Address
4208 Kyle Dr

City Wellington	State NV	Zip Code 89444
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Purpose of Expenditure Oct 11 Carson City candidate rally	Category/Type 007
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Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought	49601.61
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Date
09 / 27 / 2010

Amount
800.00

Transaction ID: SE.11460

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Reno Radio Representatives LLC

Mailing Address
961 Matley Ln Ste. 120

City Reno	State NV	Zip Code 89502
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Purpose of Expenditure Support radio ad for Sharron Angle for US Senate	Category/Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought	19632.00
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Date
09 / 07 / 2010

Amount
2292.00

Transaction ID: SE.8644

Office Sought: House State: NV
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	3092.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton
Signature

Date 04 / 18 / 2010

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Scott Fortney, TakeMyVoice.com

Date
M M / D D / Y Y Y Y
0 9 / 0 6 / 2 0 1 0

Mailing Address
6960 Huntingdon Street

Amount
500.00

City State Zip Code
Harrisburg PA 17111

Transaction ID: SE.8647

Purpose of Expenditure
Radio ad production for support ad for Sharron Angle

Category/Type 004

Office Sought: House State: NV
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 13475.00

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Sierra Sage Magazine

Date
M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 1 0

Mailing Address
333 W. Proctor St

Amount
900.00

City State Zip Code
Carson City NV 89703

Transaction ID: SE.11440

Purpose of Expenditure
Magazine ad supporting Sharron Angle

Category/Type 004

Office Sought: House State: NV
 Senate District: 00
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 67301.61

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	1400.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Spirit of Alaska Broadcasting

Date
M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Mailing Address
220 E. Parks Hwy

Amount
588.00

City State Zip Code
Wasilla AK 99654

Transaction ID: SE.11462

Purpose of Expenditure Category/Type
Radio ad 004

Office Sought: House State: AK
 Senate District: 00
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
JOSEPH W MILLER

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1198.43

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
The Political Insider

Date
M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 1 0

Mailing Address
PO Box 25574

Amount
5000.00

City State Zip Code
Alexandria VA 22313

Transaction ID: SE.11428

Purpose of Expenditure Category/Type
Support email, Sharron Angle 004

Office Sought: House State: NV
 Senate District: 00
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
43912.00

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	5588.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC	FEC IDENTIFICATION NUMBER C C00461772
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Townhall.com

Mailing Address
402 BNA Dr. Suite 400

City Nashville	State TN	Zip Code 37217
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Purpose of Expenditure Email campaign	Category/ Type 003
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Name of Federal Candidate supported or Opposed by expenditure:
BARNEY FRANK

Calendar Year-To-Date Per Election for Office Sought	10241.18
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Date
MM / DD / YYYY
09 / 23 / 2010

Amount
10000.00

Transaction ID: SE.11435

Office Sought: House State: MA
 Senate District: 04
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Townhall.com

Mailing Address
402 BNA Dr. Suite 400

City Nashville	State TN	Zip Code 37217
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Purpose of Expenditure Support email	Category/ Type 003
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Name of Federal Candidate supported or Opposed by expenditure:
SHARRON E ANGLE

Calendar Year-To-Date Per Election for Office Sought	66401.61
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Date
MM / DD / YYYY
09 / 28 / 2010

Amount
15000.00

Transaction ID: SE.11444

Office Sought: House State: NV
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	25000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	74481.20

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Roger Stockton _____ Date MM / DD / YYYY
Signature 04 / 18 / 2010